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APPLICANTS *MRC*

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\*\* CONTINUING DATA \*\*\*\*\* *MRC*  
 This appln claims benefit of 60/478,260 06/16/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *MRC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Margaret Chulip</i> <i>MRC</i> Examiner's Signature Initials	STATE OR COUNTRY MD	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
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TITLE  
 Plasmon enhanced body treatment and bacterial management

FILING FEE  RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other: _____
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